

BUSINESS OBJECTS PAID CLAIMS REPORTING
DATA DICTIONARY

TABLE LABEL	OBJECT LEVEL 1	DISPLAY LENGTH	FORMAT	DESCRIPTION/COMMENTS
BENEFICIARY				
	Beneficiary Name	15	last name, first name	
	Date of Birth	10	MM-DD-YYYY	
	HIC Nbr	12		Health Insurance Coverage ID. The HIC number is an SSN with suffix that describes how that person is related to the SSN. If the suffix is an 'A', then it is the wage holder's SSN. If the suffix is a 'B' the person is a wife. If the suffix is a 'C' the person is a child. Numbers are assigned after the suffix to describe which wife or child.
	Bene ID	14		2-digit county code/2-aid code/*1-digit alpha character/9-digit CIN. (*Note: The 1-digit alpha character does not always represent the funding source of the claim. To determine Funding source, see 'CMS Special Reporting under the Claims table)
	SSN or MEDS ID	9		9-digit Social Security Number
	CIN	11		Client Index Number
	Prog Specific Id	7		For Internal Use
	Age at DOS Years	5	Numeric with two-place decimal	Age in years. In order to identify the exact age of the child, 'Age at DOS months' must also be pulled. (For example: If a child is 14years and 6 months old, this Object will display 14.00; and "Age at DOS Month" will display 6)
	Age at DOS Months	5	Numeric with two-place decimal.	Age in months. Must be used with Age at DOS Years (above object) in order to determine child's age
	Race	1	(Object with English descriptions will be added)	Valid Values: space,0,8,9=unknown; 1=White; 2=Hispanic; 3=Black; 4=Other Saian or Pacific Islander; 5=Alaskan Native or American Indian; 7=Filipino; A=Amerasian(subset of Vietnamese); C=Chinese; H=Cambodian;J=Japanese; K=Korean; M=Samoan; N=Asian Indian; P=Hawaiian; R=Guamanian; T=Laotian; V=Vietnamese; Z=Other
	Age Range	10	Age ranges in months and years	Object is useful for obtain counts within age range grouping from: Month 00 to 12 to 24; Years 03 to06 to 11 to 16; Other (outside date ranges)
	Sex	1		M=Male; F=Female; space=not reported

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PROVIDER				
	Prov Number	9		Unique identification number assigned by Medi-Cal to the Provider/Hospital
	Prov Type	3	Numeric	Code that represents the Type of Service that the Provider is licensed to render: 01-Adult Day Health Care Centers;02-Assistive Device and Sick room Supply Dealers; 03-Audiologists;07-Certified Pediatric Nurse Practitioner and Certified Family Nurse Practitioner;09-Clinical Laboratories;10-Group Certified Pediatric Nurse Practitioner and Certified Family Nurse Practitioner;11-Fabricating Optical Laboratory/PIA,12-Dispensing Opticians;13-Hearing Aid Dispensers;14-Home Health Agencies;15-Community Hospital Outpatient Departments;16-Community Hospital Inpatient;17-Occupational Therapists;18-Nurse Anesthetists;20-Optometrists;21-Orthotists; 22-Physicians Group; 23-Optometric Group; 24-Pharmacies/Pharmacists;25-Physical Therapists;26-Physicians;27-Podiatrists;28-Portable X-Ray;29-Prosthetists;30-Group Medical Transportation; 31-Psychologists;34-LCSW Crossover Provider;35-Rural Health Clinics and FQHC;37-Speech Therapists;38-Air Ambulance Transportation Services;40-Free Clinics; 41-Community Clinics; 43-Multispecialty Clinics;44-Surgical Clinics;46-Rehabilitation Clinics;48-County Clinics Not Associated with Hospitals;49-Birthing Center-Primary Care Clinic; 50-Clinic-Otherwise Undesignated;51-Outpatient Heroin Detoxification Center;52-Alternative Birth Centers-Specialty Clinics; 54-Expended Access to Primary Care Clinics; 55-Local Education Agency;56-Respiratory Care Practitioner;57-EPSTD Supplemental Services Provider;58-Health Access Program;60-County Hospital Inpatient;61-County Hospital Outpatient;62-Group Respiratory Care Practitioners;65-Pediatric Sub acute Care-LTC;67-Individual Nurse Provider;68-Individual Licensed Professional;69-Professional Organization;80-CGP Provider Prefix/Non-Institutional; 81-CGP Provider Prefix/Institutional;82-Licensed Midwife;84-Independent Diagnostic Testing;90-Out of State
	Appl Data			Date the provider/hospital first applied for participation in the Medi-Cal program
	Prov Name	28	Format varies; as displayed on the Provider Master File	Legal name of Provider/Hospital
	Srv Addr L1			Address where the provider/hospital is currently practicing
	Srv Addr L2			Address line 2
	Srv Addr City			City
	Srv Addr State			State
	Srv Addr Zip			Zip Code
	Srv Addr Zip 4			Zip Code, level 2

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	Pay Addr L1			Address where the provider/hospital payment is mailed
	Pay Addr L2			Address Line 2
	Pay Addr City			City
	Pay Addr State			State
	Pay Addr Zip			Zip Code
	Pay Addr Zip 4			Zip Code, level 2
	Provider County Code	2	Numeric	Two digit county code where the provider resides. To display the county name, pull the next object (County Name).
	Provider County Name			Name of the County where the provider resides.
	Phone Nbr			Provider's Phone number as it appears on the Provider Master File
	SSN			Social Security Number for the Provider
	FEI Nbr			Federal Employee Identification Number. IRS number assigned for tax reporting purposes to the Provider
	Medicare Nbr			Unique identification number assigned by Medicare to the Provider
	Licensse			Provider's license number authorizing practice within the State
	License Date			Date the provider's license was issued
	Rej Reason			Reason the provider/hospital has been denied participation in the Medi-Cal program:
	Board Code			00-Not applicable
	Lab Ind			01-Services not covered by Medi-Cal
	Out State Ind			02-License invalid
	Short Doyle Ind			03-Suspended from Medi-Cal
				04-Others
CLAIM				
	County Name			English description based on client's county of residence
	County Code	2	Numeric	Based on client's county of residence
	CCN CCN or Adjusted CCN	11	Numeric	11-digit number assigned by EDS when the claim is received. The purpose of the CCN is to locate that particular claim in the system. If the originating claims is needed, this number makes it easy to identify. Also, within the CCN, the Julian date identifies the length of time from service to claim received for processing and adjudication.
	To Date of Service		Date	mm/dd/yyyy
	From Date of Service		Date	mm/dd/yyyy
	Payment Date		Date	Weekly; when payment was issued by the State Controller; mm/dd/yyyy

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	Adjudication Date		Date	Day-specific date; mm/dd/yyyy
	Aid Code	2	AlphaNumeric	Payment Funding Source for the claim
	Adjustment Ind	1	AlphaNumeric	Valid values of _,3,4,5
	DHS Claim Type	1	Numeric	1=Outpatient; 2=Inpatient; 3=Pharmacy; 4=Medical/Physician; 5=Dental; 6=EPSDT
	Surgery Code	1	Alpha	"S"= 'Yes'; space= 'No'.
	Medicare Indicator	1	Numeric	1='Yes' ; space='No'
	Family Planning Flag			n/a
	Crossover Status Code	1	Numeric	1= Medicare Part A Eligible; 2=Medicare Part B Eligible; 3=both Medicare Part A and B Eligible; space=Not Medicare Eligible
	Other Coverage Ind	1	Numeric	space=No OHC; 1=Has OHC
	*Other Coverage Desc			English description
	Emergency Ind	1	AlphaNumeric	Y=Yes; N, 0, space=No
	*Emergency Ind Desc			English description
	FI Claim Type	1	Numeric	1=Pharmacy; 2=LTC;3=Inpatient; 4=Outpatient; 5=Medical/Physician; 6=Crossover; 7=Vision
	Reimbursement Rate			
	CMS Special Reporting			Claiming categories in order to identify specific groupings and programs for fiscal monitoring
	CMS Consultant	1	Alpha	Y=CGP and CMS prefix consultant claim; N=No;
	EPSDT SS	1	Alpha	Y=EPSDT claim(SAR starting with '91'; TAR ending with a '4'); N=Not an EPSDT Claim
	Reporting Category		Alpha	Reporting Category as identified in the third-digit of 'CGP" or the SAR. Valid Values: Diagnostic; HF-therapy; HF-Treatment; Therapy; Treatment; Undefined
	MTU Clinic	1	Alpha	Y=CCS prefix provider claims; N=Not a CCS prefix claim . This reporting category was created in order to replace the MTU report that EDS created for the program each quarter
	Funding Source	1	Numeric	1=CCS-only; 2=Medi-Cal ;3=Healthy Families
	Funding Source Description			English description of above
	HCP Plan			Valid values are '_, C, N.
	Plan Code	3	Numeric	Three-digit plan code
	*Plan Type Desc			Definition of Plan type: COHS, No Plan, or Non-COHS
	Plan Name			Name of Plan

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	Plan Type		C, N, or Blank	C = County Organized Health System, N= Non COHS PLAN
	Primary Diagnosis			Diagnosis as Entered on the Claim.
	Primary Diagnosis Code			
	Primary Diagnosis Description			
	Secondary Diagnosis			
	Secondary Diagnosis Code			
	Secondary Diagnosis Code Description			
	Measures			Counts for Claim Header
	Claim Count			Header record claim count; use claim <u>line</u> count for actual number of claims
	Claim Amt billed			Dollars paid
	Claim Amt Paid			Dollars billed
CLAIM LINE				
	Procedure Ind	1	AlphaNumeric	Indicator for type of procedure (e.g., LA Waiver, CPT; HCPCS, etc.) Z; 1-4; 7; 9
	*Procedure Ind Desc		Alpha	English description of the above
	Procedure Code		AlphaNumeric	Procedure code billed by the provider
	Claim line From Date of Service		Date	mm/dd/yyyy
	Claim Line To Date of Service		Date	mm/dd/yyyy
	Claim Line Nbr	2	Numeric	Line number of the claim. Each line represents an individual claim
	Tar Control Nbr	14	Numeric	Authorization number that was issued by CCS
	DETAIL DIAGNOSIS			Diagnosis as Entered on the Claim.
	Detail Diagnosis Code			
	Detail Diagnosis Code Description			
	Claim Line Measures			Counts at the Claim Line Detail level. For Outpatient, each line is a separate claim
	Claim Line Count			This object should be used for determining the number of claims
	Claim Line Amt Paid			Dollars paid

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	Claim Line Amt Billed			Dollars billed